**For Healthcare Professional to complete**

|  |  |
| --- | --- |
| **Name of Referrer** |  |
| **Contact details** | Phone:  |  | Email: |  |
| **Job role / Team** |  |
| **Date of referral** |  |
| **Patient consent** | **Please confirm the patient has given permission to include** **italk in their care** [ ]   |
| **Type of support requested (please check box):** **See page 5/6 for descriptions***\*If none of or multiple options are selected our Telephone and Referral Centre will contact the patient to offer an assessment*\*If you select this option then the referrer will be offered a consultation slot – attendance is mandatory)**N.B. Please ensure patient’s consent to discuss care has been agreed.** | Questionnaires must be completed with patient for referral to be accepted (p3 – 4) |
|  |
| **Assessment** [ ] **Workshops (single sessions): Courses (multiple sessions):**

|  |  |
| --- | --- |
| [ ]  Breathing Space[ ]  Living with Chronic Pain[ ]  Emotional Wellbeing with T1 Diabetes[ ]  Emotional Wellbeing with T2 Diabetes[ ]  Coping with Long COVID[ ]  Living Well with Respiratory conditions[ ]  Self Care for Carers  | [ ]  Managing Moods (6 sessions)[ ]  Building Resilience with Long Term Health Conditions (LTC’s) (6 sessions)[ ]  Surviving Being a Military Partner (4 sessions)**Online Self-Help (Silvercloud):**[ ]  Silvercloud (computerised CBT) |
|  |  |
| **Consultation with senior LTC clinician *(for professionals only)***[ ]  Do you require Long Term Health Condition (LTC) Professional Consultation Consultation slots can be used to discuss patient suitability, intervention options and for reflective clinical discussions.  |

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| **Reason for referral:**Please provide any details you think might be helpful for the team. Things you may want to include are:- Any symptoms / signs you have observed- Any concerns you have about the patient- What support the patient is currently receiving |  |
| **Risk information:****Please detail risk to self, to others and from others** **If the patient has scored a 1, 2 or 3 on Q9 of the PHQ9 please give details of any risk assessment you have completed** |  |

**Personal Details**

Please complete the following details:

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | First Name(s): |  |
| Surname: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender: |  | Pronouns: |  | Date of Birth: |  |

|  |  |  |
| --- | --- | --- |
| N.H.S. Number: |  | I do not know myN.H.S. number : |[ ]

|  |  |
| --- | --- |
| Home Address: |  |
| County: |  | Postcode: |  |
| Tel (Home): |  | Tel (Mob): |  |
| E-Mail Address: |  |

|  |  |
| --- | --- |
| G.P. Surgery: |  |
| Registered G.P.: |  |
| Health conditions: |  |

We work closely with your GP/Physical Health Team/Referrer. Are you happy for us to keep them updated about your care/treatment?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GP | Yes |[ ]  Physical Health Team | Yes |[ ]  Referrer | Yes |[ ]
|  | No |[ ]   | No |[ ]   | No |[ ]

Information will be stored on our secure database and will not be passed on to any other third parties in accordance with the Data Protection Act. Our full policy is available on our website: [www.italk.org.uk](http://www.italk.org.uk) or by calling 02380 383920

**Questionnaires**

**It is likely that in our lifetime we will experience times where we feel low, worried or stressed. This can be especially true if we have had to deal with challenges in our personal life or at work, or are living with a long term health condition. Our body and mind are linked. So our physical health can have an impact on how we feel. The following questionnaires aim to capture how you have been feeling recently. If you notice you have scored on several of these questions, there is support that you might find helpful. On the final page there is further information about some support available to you. Please contact italk directly or talk to your physical health team or GP for further details.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PHQ-9** - **Over the last 2 weeks, how often have you been bothered by any of the following problems?** *(Click your answer)* | Not at all | Several days | More than ½ the days | Nearly every day |
| 1. Little interest or pleasure in doing things  | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| 2. Feeling down, depressed or hopeless  | 00 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| 3. Trouble falling asleep, staying asleep, or sleeping too much  | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| 4. Feeling tired or having little energy  | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| 5. Poor appetite or overeating  | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| 6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| 8. Moving or speaking so slowly that other people could notice, or the opposite – being so fidgety or restless that you have been moving around much more than usual | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| 9. Thoughts of being better off dead or of hurting yourself in some way | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| **If you have scored a 2 or 3 on question 9 of the PHQ 9 *we recommend you contact your GP to seek advice.*** ***We have a duty of care to update your GP (usually by letter) if you score 2 or above on this question and they may wish to contact you. Additionally, a member of our team will be in touch to offer a telephone assessment should you indicate a score of 2 or above on this question.*** **Samaritans can be contacted 24 hours a day, free of charge on 116 123** | *(out of 27)* |
| **GAD-7 - Over the last 2 weeks, how often have you been bothered by any of the following problems?** *(Click your answer)* | Not at all | Several days | More than ½ the days | Nearly every day |
| 1. Feeling nervous, anxious or on edge  | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| 2. Not being able to stop or control worrying  | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| 3. Worrying too much about different things  | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| 4. Trouble relaxing  | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| 5. Being so restless that it is hard to sit still  | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| 6. Becoming easily annoyed or irritable  | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
| 7. Feeling afraid as if something awful might happen | 0 |[ ]  1 |[ ]  2 |[ ]  3 |[ ]
|  | *(out of 21)* |

**Phobia Scales** - choose a number from the scale below to show how much you avoid each of the situations or objects listed. Then write the number in the box opposite the situation.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Would not avoid it |  | Slightly avoid it |  | Definitely avoid it |  | Markedly avoid it |  | Always avoid it |
|  |  |  |  |  |  |  |  |  |
| 1. Social situations due to a fear of being embarrassed or making a fool of myself |  |
| 2. Certain situations because of a fear of having a panic attack or other distressing symptoms (e.g. loss of bladder control, vomiting)  |  |
| 3. Certain situations because of a fear of particular objects or activities (e.g. animals, heights, seeing blood, being in confined spaces, needles, driving or flying) |  |

**Work and Social Adjustment Scale**

People’s problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and indicate how much your problem impairs your ability to carry out the activity (choose a number from the scale below and then write the number in the box opposite).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nil |  | Slightly |  | Definitely |  | Markedly |  | Severely |
|  |  |  |  |  |  |  |  |  |
| **WORK -** if you are retired or choose not to have a job for reasons unrelated to your problem, please write N/A (not applicable) |  |
| **HOME MANAGEMENT -** Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc. |  |
| **SOCIAL LEISURE ACTIVITIES -** with other people, e.g. parties, pubs, outings, entertaining etc. |  |
| **PRIVATE LEISURE ACTIVITIES -** Done alone e.g. reading, gardening, sewing, hobbies, walking etc |  |
| **FAMILY AND RELATIONSHIPS -** Form and maintain close relationships with others, including the people that I live with. |  |

**The following demographic information is requested so that we can make sure italk is reaching all sections of the community**

|  |
| --- |
| **Employment Status Questions** – Please indicate (tick/click box) which of the following options best describes your current status: |
| Full-time work (30 hours or more per week) |[ ]  Retired |[ ]
| Part-time work |[ ]  Full-time homemaker or carer |[ ]
| Unemployed |[ ]  Receiving Statutory Sick Pay |[ ]
| Full-time student |[ ]  Receiving benefits such as JSA/ESA/Incapacity Benefit / Income support |[ ]

**Thank you for taking the time to fill in these questionnaires.**

**Email us:** whccg.italkreferrals@nhs.net **Call us:** 023 8038 3920 **Website:** [www.italk.org.uk](http://www.italk.org.uk)

**For more information about low mood and worry:** [**www.mind.org.uk**](http://www.mind.org.uk)

**Support available to you**

Patient Handout

We have a range of support options available within italk that focus on your mental wellbeing. This includes interventions that focus on ways of managing the impact of living with a health condition

**Your referral options:**

* **Self-Referral:** You can refer yourself to italk and choose from any of the options below. Refer online at [www.italk.org.uk](http://www.italk.org.uk) or call 023 8038 3920.
* **Professional Referral:** Your healthcare professional can make a referral for you. Use the information below to agree the most suitable option, and your choice can be indicated on the referral form.

**italk support**

Our support options range from teaching coping skills for everyday wellbeing, through to structured treatments for symptoms of common mental health conditions such as low mood or anxiety.

There are three options to choose from, to get started:

1. ***Book onto a Workshop (single session) or Course (Multiple sessions)*Breathing Space:** Our one-hour wellbeing class teaching relaxation skills that you can use whenever and wherever you feel worried or on edge.

**Physical Health Workshops:** Our one-off sessions exploring the connection between our physical health symptoms and emotional wellbeing. These workshops relate to specific conditions, such as Respiratory conditions, Chronic pain, Long COVID, T1/T2 Diabetes.

**Self Care for Carers Workshop:** Our 90 minute session introducing the importance of our mental wellbeing, and sharing some proactive tips for how we can look after ourselves, alongside our caring responsibilities and roles.

**Surviving Being a Military Partner:** Our 4 session course that allows military partners a space to share their experiences of military life, connect with others in a similar situation and share tips and advice to manage the challenges that military life can bring! Facilitated by CBT trained practitioners who also have experience of military life.

**Managing Moods:** Our 6 session course teaching skills you can use day-to-day to feel more positive, confident and able to cope with life’s challenges.

**Building Resilience with Long-Term Health Conditions:** Our 6 session course teaching skills you can use day-to-day to feel more positive, confident and better able to manage your long-term health condition(s).

1. **Sign up to Silvercloud:** Our online Cognitive Behavioural Therapy (CBT) programme that you can use in your own time, at your own pace.

SilverCloud offers a range of modules so that you can choose the most relevant topics for you. These include:

* Space from Depression and Anxiety
* Space from Stress
* Space from Insomnia
* Space from COVID19
* Space from Diabetes
* Space from Lung Conditions
* Space from Chronic Pain
* Space from Cardiovascular Conditions

\*Please see the website for the complete list of Silvercloud modules

1. **Arrange a telephone assessment:** If you feel you would benefit from an assessment before starting treatment, you can request this.